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PTO/SS/21 (2-8-02)

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/786,648	
	Filing Date	03/07/2001	
	First Named Inventor	Neil A. Williams	
	Group Art Unit	1645	
	Examiner Name	V. Ford	
Total Number of Pages in This Submission	20	Attorney Docket Number	7438.US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (credit card) <input checked="" type="checkbox"/> Amendment / Reply (8 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) (8 pgs) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <p>RCE Transmittal postcard</p>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mary M. Krinsky 79 Trumbull Street, New Haven, CT 06511-3708	
Signature	<i>Mary M. Krinsky</i>	
Date	14 February 2001	26850

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date. <u>2/14/2002</u>			
Typed or printed name	Mary M. Krinsky		
Signature	<i>Mary M. Krinsky</i>	Date	Feb. 14, 2002

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PTO 55 (Rev. 10/01)

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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**881.00****Complete if Known**

Application Number	09/786,648
Filing Date	03/07/2001
First Named Inventor	Neil A. Williams
Examiner Name	V. Ford
Group Art Unit	1645
Attorney Docket No	7438.US

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number:

Deposit Account Name:

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below except for the filing fee to the above identified deposit account

FEE CALCULATION**1 BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	750	201	370	Utility filing fee	
105	230	205	155	Design filing fee	
107	510	207	255	Plant filing fee	
109	40	209	370	Reissue filing fee	
112	80	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)**910.00****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims		Fee from below		Fee Paid	
Total Claims Independent	20** =		x		
21	20** =	1	x	9	
4	3** =	3	x	42	
Multiple Dependent					

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	14	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
106	54	206	42	** Reissue independent claims over original patent	
110	15	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**51.00**

** Number previously paid, if greater. For Reissues see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	55	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	450	Extension for reply within third month	\$450.00
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
135	1,510	135	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	\$370.00
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify):

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**830.00****SUBMITTED BY**

Name (Print)	Mary M. Krinsky	Registration No. (Attorney/Agent)	32423	Telephone	203-773-9544
Signature	<i>Mary M. Krinsky</i>	Date	14 Feb. 2002		

Complete (if applicable)

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Telecopier Information	
Name:	Examiner Vanessa L. Ford, Art Unit 1645
Telecopy Number:	703-308-4426
From:	Mary Krinsky
Date:	20 Feb 2002
Re:	09/786,648, response and RCE
Number of pages including this cover sheet	20
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Message:

Please deliver to Examiner Ford as soon as possible.

Thank you!

Mary M. Krinsky